The Patient Health Questionnaire-2 (PHQ-2)

1. Little interest or pleasure in doing things
   - [ ] Not at all
   - [X] Slightly
   - [ ] Sometimes
   - [ ] Most of the time
   - [ ] All of the time

2. Feeling down, depressed, or hopeless
   - [X] Not at all
   - [ ] Slightly
   - [ ] Sometimes
   - [ ] Most of the time
   - [ ] All of the time

Dr. [Name]
Date of Visit: [Date]